

Foster Family Home - Corrective Action Report

Provider ID: 1-200010

Home Name: Hector Arubio, CNA

Review ID: 1-200010-3

94-143 Haa'a Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 4/8/2021

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Unannounced recertification inspection for a 2 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with a written plan of correction due to CTA on 5/8/2021.

Foster Family Home	Background Checks	[11-800-8]
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8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

8.(d)(2)(A) A caregiver, substitute caregiver, or other adult residing in the community care foster family home, except for adults receiving care, has been convicted of a crime other than a minor traffic violation involving a fine of \$50 or less;

Comment:

8.(a)(1), (2)- CG#2's APS/CAN/Fingerprinting lapsed on 2/5/2021; HHM#1's APS/CAN/Fingerprinting lapsed on 12/16/2020; HHM#2's APS/CAN/Fingerprinting lapsed on 12/13/2020; HHM#3's APS/CAN/Fingerprinting lapsed on 12/10/2020; and HHM#4's APS/CAN/Fingerprinting lapsed on 12/16/2020 and all had no current renewals/results present in the CCFFH binder. HHM#5 and HHM#6 were without APS/CAN/Fingerprinting present in the CCFFH binder.

8.(d)(2)(A)- CG#1's Ecrim result [REDACTED] present in the CCFFH binder.

Foster Family Home	Information Confidentiality	[11-800-16]
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16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5)- No confidentiality policies and procedures and client privacy rights training present for HHM#5 and HHM#6.

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Foster Family Home	Personnel and Staffing	[11-800-41]
41.(a)(1)	Reside in the community care foster family home;	
41.(b)(4)	Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).	
41.(b)(7)	Have a current tuberculosis clearance that meets department guidelines; and	
41.(b)(8)	Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.	
41.(c)	The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.	
41.(e)	The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.	
41.(f)(1)	Tuberculosis clearances that meet department of health guidelines; and	
41.(g)	The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.	

Comment:

- 41.(a)(1)- No written provision from CG#1's landlord in the Rental Agreement for CG#1 to operate a CCFFH in the property.
- 41.(b)(4)- No completed Primary Caregiver Disclosure Form present in the CCFFH binder at the start of the CCFFH inspection.
- 41.(b)(7)- CG#1's TB clearance lapsed on 2/12/2021 and CG#2's lapsed on 5/10/2020. Both were without current results present in the CCFFH binder.
- 41.(b)(8)- CG#1's bloodborne pathogen and infection control training certification lapsed on 7/22/2020; CG#2's lapsed on 6/3/2020. No current renewals present in the CCFFH binder.
- 41.(c)- CG#1 and CG#2 both were without any hours of the annual in services requirements in the CCFFH binder.
- 41.(e)- No completed SCG approval form from CTA present in the CCFFH binder.
- 41.(f)(1)- HHM#1's TB clearance lapsed on 6/26/2020; HHM#2's lapsed on 6/19/2020; HHM#3's lapsed on 6/26/2020; HHM#4's lapsed on 6/28/2020. All were without a current TB clearances present in the CCFFH binder. HHM#5 and HHM#6 were without TB clearances present in the CCFFH binder.
- 41.(g)- HHM#2 received basic skills delegation from Client #1's CMA RN without having been approved by CTA as a substitute caregiver.

Foster Family Home	Client Care and Services	[11-800-43]
43.(c)(3)	Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.	

Comment:

- 43.(c)(3)- No RN delegation present for CG#2 [REDACTED] dication administration for Client #1 and for Client #2, there was no RN delegation present for CG#2 on [REDACTED] administration.

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Foster Family Home	Fire Safety	[11-800-46]
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46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a)- No monthly fire drill present for March 2021.

Foster Family Home	Medication and Nutrition	[11-800-47]
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47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

47.(c)- Client #1 was without having had his medications administered since 3/27/2021 until 4/8/2021. CG#1 reported to CTA compliance manager during today's CCFFH inspection that he was unable to contact client's MD since medications ran out. One of the medications was [REDACTED] which client had not received since 3/16/2021-4/8/2021.

Foster Family Home	Physical Environment	[11-800-49]
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49.(a)(1) Bathrooms with non-slip surfaces in the tubs and or showers, and toilets adjacent or easily accessible to sleeping rooms;

Comment:

49.(a)(1)- No non-slip surface or rubber mat present in the clients' bathroom shower floor.

Foster Family Home	Quality Assurance	[11-800-50]
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50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:

50.(e)- No intercom/buzzer present outside of the CCFFH's gate; gate was locked upon CTA's arrival.

Foster Family Home	Insurance Requirements	[11-800-51]
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51.(a)(1) General;

51.(a)(2) Automobile; and

Comment:

51.(a)(1)- No current General Liability Policy present in the CCFFH binder.

51.(a)(2)- No current Automobile insurance policy present in the CCFFH binder.

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Records

[11-800-54]

54.(a)(1) Emergency procedures and an evacuation map;
54.(b)(1) Permit effective professional review by the case management agency, and the department; and
54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;
54.(c)(8) Personal inventory.

Comment:

54.(a)(1)- Emergency/evacuation map of the CCFFH did not include the upstairs portion of the home.
54.(b)(1)- CCFFH binder was unorganized.
54.(c)(2)- No Service Plan present in Client #1's chart. Client #2's Service Plan expired on 3/6/2021.
54.(c)(5)- Client #1- four [REDACTED] medications were not on hand/available during the CCFFH inspection. One daily medication was last signed on 4/4/2021 and another daily medication was last signed on 4/1/2021.
54.(c)(8)- No completed Personal Inventory Checklist form present in Client #1's chart/binder.

Maribel Nakamine, on 4/8/2021
Compliance Manager
[Signature]
Primary Care Giver
Date 4/8/2021
Date 4/8/2021 7:27:04 PM